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STATIN REDUCES LATE TLR (BEYOND 1YEAR)"LATE CATCH UP PHENOMENON" AS WELL AS EARLY TLR(WITHIN 1YEAR) AFTER SIROLIMUS-ELUTING STENT IMPLANTATION: FROM J-CYPHER REGISTRY

i2 Oral Contributions

McCormick Place South, S103c

Sunday, March 25, 2012, 11:45 a.m.-11:55 a.m.

Session Title: Prevention and Treatment of Restenosis

Abstract Category: 22. Restenosis/Instent Restenosis - Prevention and Mgt.

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Background: Numerous studies have demonstrated the importance of statins in prevention of cardiovascular events among patients with coronary artery disease. However, whether statins reduce target lesion revascularization (TLR) after drug-eluting stent (DES) implantation was not addressed. This study aimed to evaluate the influence of statin therapy on the incidence of early TLR and late TLR "Late catch up phenomenon" after DES implantation.

Methods: A total of 12,824 patients undergoing sirolimus-eluting stent (SES) implantation were identified from the J-Cypher registry. Patients were divided into 2 groups according to the use of statins at hospital discharge (Statin group; 6208 patients, No-statin group; 6498 patients). Five years clinical outcomes were compared between the 2 groups and compared with period(within one year and beyond one year)

Results: Patients with statin had lower all-cause (9.1% vs 18.3%; $p<0.0001$) as compared with those without statin. TLR rate was significantly lower in patients with statin (12.7% vs 15.2%, $p<0.0001$). Early TLR within one year (6.5% vs 8.1%, $p=0.0006$) Late TLR beyond one year (8.4% vs 10.0%, $p=0.0006$). After multivariate analysis with 25 co-variables, statin therapy remained as independent predictors of reduced all-cause mortality (relative risk ratio (RR) 0.63, 95% confidence interval (CI) 0.56-0.73, $p<0.0001$) and Early TLR within one year (RR 0.84, 95% CI 0.72-0.99, $p=0.041$) Late TLR beyond one year (RR 0.84, 95% CI 0.72-0.99, $p=0.0257$).

Conclusions: Statin therapy was independent predictor of early TLR and late TLR "late catch up phenomenon" after SES implantation.